Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should read the **2024-2025 Banyule Community grant guidelines.**

This section of the application form is designed to help you understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in relation to these eligibility criteria, please contact Karen Molinaro on 9457 9955 or email karen.molinaro@banyule.vic.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understood the grant program guidelines
- is a not-for-profit group/club/organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in and/or provides services to residents of the City of Banyule.
- has been established and operational for a minimum of 12 months at the time of the application
- is able to demonstrate financial viability
- does not have any outstanding debt to Banyule City Council
- does not have any outstanding grant acquittals to Banyule City Council
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking funding for political or religious purposes
- is not seeking funding for the core business of educational or medical organisations
- is not seeking retrospective funding
- does not undertake or promote gambling unless there is a significant community benefit demonstrated

Please select below: *

○ Yes ○ No

if you cannot confirm that all statements above are true and correct, please do not proceed with this application.

Contact with a Council officer

I have discussed the proposed project with *

Date of discussion * Must be a date.

Applicant details

* indicates a required field

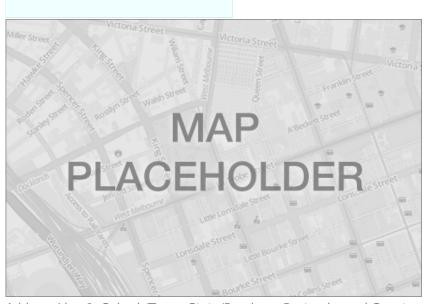
The **applicant** is the name of the group/club /organisation, not the name of the individual completing the application on behalf of the group/club/organisation.

If the applicant is known by another name provide details here.

Applicant - name of group/organisation *

Please use your organisations full name. Check the spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary address * Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Postal Address

Applicant phone number *

| Must be a | n Australian phone r | umber. | |
|------------------|----------------------|---|--|
| Website | 2 | | |
| | 1181 | | |
| Must be a | URL. | | |
| Contac | t person for th | is application | |
| | | ubmitted by a professional gra t details for the not for profit o | |
| Name * | | | |
| Title | First Name | Last Name | |
| This is the | person we will corre | espond with about this grant | |
| Position | held * | | |
| | | | |
| Phone N | lumber * | | |
| Must be a | n Australian phone r | umber. | |
| Email * | | | |
| | | | |
| Where pos | | e the email of the group, not a per applicant for the life of the grant. | rsonal email address as we will use this |
| Applica | ants structure | 9 | |
| * indicate | es a required field | | |
| What ty | pe of group are | you? * | |
| | | | |
| If incorp | oorated, provide | your Incorporation registra | ation number here? |
| | | | |
| If incorp ○ Yes | oorated, does the | e applicant have an ABN? * No | |
| 0 163 | | O NO | |

If you do not have an ABN, you will be required to submit a completed ATO Statement by a Supplier Form if your application is successful. If this form is not submitted, Council

is required to withhold 48.5% of any approved grant. Please refer to the ATO website for further details.

| | icant auspiced by an incorporated association for |
|--|--|
| the purposes of this grant? O Yes | O No |
| _ | grant must be auspiced by an incorporated organisation. If yo |
| Do you hold Public Liability Ins O Yes | urance? * O No |
| If yes, provide your insurance | details here |
| | |
| | own Public Liability insurance, please provide lic Liability insurance for your project. |
| ABN * | |
| The ABN provided will be used to I check that you have entered the A | ook up the following information. Click Lookup above to BN correctly. |
| Information from the Australian Busin | ess Register |
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |
| Must be an ABN. | |
| Auspice Organisation Deta | ils |
| Name of auspice organisation Organisation Name | k |
| | |

Auspice incorporation registration number? *

| Incorporated Association or Australian Corporation Number |
|---|
| Auspice organisation's website |
| Must be a UDI |
| Must be a URL. |
| Auspice Primary Address * Address |
| |
| Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. |
| Auspice Postal Address Address |
| |
| If different to primary address |
| |
| Primary contact person at auspice organisation * Title First Name Last Name |
| |
| We may contact this person to verify that this auspicing arrangement is valid and current. |
| Position held in organisation * |
| e.g. Manager, CEO |
| |
| Auspice contact person's primary phone number * |
| Must be an Australian phone number. |
| Auspice contact person's email address * |
| |
| Must be an email address. Where possible, this should be the email of the auspice organisation, not a personal email address as we will use this email to correspond with you for the life of the grant. |
| Please attach a letter from the auspice organisation confirming this arrangement is valid and current * |
| Attach a file: |
| We can only accept Microsoft Office files, jpegs or pdf documents. Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include name, position |

signature and date. We can only accept Microsoft Office files, jpegs or pdf documents

| Does the auspice organisation have Yes | an Australian Business Number (ABN)? * No | |
|---|--|----|
| completed ATO Statement by a Supplier | e an ABN, they will be required to submit a Form if the application is successful. If this forn hhold 48.5% of any approved grant. Please refe | |
| Do you hold Public Liability Insuranc O Yes | ce? | |
| Provide your insurance details here | | |
| ABN of auspice organisation * | | |
| The ABN provided will be used to look up | p the following information. Click Lookup above | to |

Information from the Australian Business Register
ABN

Entity name
ABN status
Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type <u>More information</u>

check that you have entered the ABN correctly.

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Financial information

* indicates a required field

Current financial position

If the applicant has substantial funds in operating accounts or savings or term deposits, Council needs to know if there are any financial commitments. If funds are set aside for a particular purpose, you should clearly explain what the funds are to be used for. The applicant needs to demonstrate why the project cannot be completed within existing funds.

For applicants that are auspiced or goverened by a peak body, Council is interested in the applicants financial situation i.e. the local group not the auspice/peak bodies.

Applicants with substantial \$ in bank accounts who do not provide an explanation as to what the money is allocated for will be considered a lower priority.

| ано низительной институтельной и него регона, | |
|---|---------------------------------------|
| Applicants current operating account balance * | |
| \$ Must be a dollar amount. | |
| Does your group have any savings, investments or term dep | osits in other |
| accounts? * O Yes O No | |
| If yes, provide details of current balance in savings, investment deposits | nents and term |
| \$ | |
| Must be a dollar amount. | |
| Provide details of what the funds held by the applicant are sinclude any funds in the operating account as well as other the applicant. Let us know about any financial commitments including regular payments such as staffing/rent/insurance of | accounts held by the applicant has |
| | |
| Annual Report & Financial Statements | |
| Applicants need to demonstrate that they have appropriate governand are in a sound financial position to be eligible for funding. | ance structures in place |
| In support of your application please provide | |
| a copy of your most recent annual report | |
| your most recent financial statement (may include a Profit and Statement of Financial Performance and a Balance Sheet / State Position). Bank statements are not suitable as they may contain and should not be attached. | ement of Financial |
| Upload your most recent Annual Report here Attach a file: | |
| We can only accept Microsoft Office files, jpegs or pdf documents | |
| or | |
| Provide a web link to your Annual Report | |
| Must be a URL. | |
| Upload your financial statement here * | |

Attach a file:

| We can only accept Microsoft Office files, jpegs or pdf documents |
|--|
| Applicant information |
| * indicates a required field |
| What is your groups purpose or mission? * |
| |
| Why does your group exist? What do you aim to achieve? What services/programs/activities does your |
| group provide? |
| How long has your group been operating? * |
| |
| Which municipality and/or suburbs does your group provide a service to? * |
| Are you sole users of the facility your group operates from? * |
| Is your group membership based? O Yes O No Are people required to sign up to be part of your group/organisation? Do they pay an annual fee for membership? Please note, simply having a committee of management does not mean you are a membership based group. |
| Membership based groups |
| If yes, how many current members do you have? |
| |
| How many of these current members are Banyule residents? |
| Crouns without members |
| Groups without members |
| For groups that are not membership based, how many Banyule residents would you provide a service for weekly/monthly/annually? |
| Gender Impact Assessment (GIA) Information |

Under the Victorian Gender Equality Act Banyule City Council is required to conduct a Gender Impact Assessment for the grants program. This process aims to gather information and data to understand the identities of those accessing our grants programs and those who are not, with the goal of enhancing accessibility for all. This information is confidential and does not have any weighting in your grant application outcomes. It is purely about the Continuous Improvement of the grants program at Banyule City Council.

| Do the members of your groups committee / leadership identify with any of th following groups? * Aboriginal and/or Torres Strait Islander Refugee, asylum seeker, migrant or culturally diverse Religious minority Person living with a disability or chronic illness Carer for people with disability or illness LGBTIQA+ Aged 18-24 Aged 65+ Prefer not to say None of the above Other: | e |
|--|---|
| Please select all that apply. Does your organisation work primarily with or support any of the following groups? * | |
| Women Men Gender diverse or transgender people LGBTIQA+ community Children (under 15 years) Young People (15-25 years) Older adults (over 65 years) People living with disability Carers for people with disability or illness Aboriginal and/or Torres Strait Islander people None of the above Other: | |
| Please select all that apply. | |

Project Details

* indicates a required field

Minor Capital Works projects should contribute to improving service delivery, the function of facilities and outdoor spaces, accessibility or address health and safety concerns.

Capital works are defined as:

- External construction works e.g. gardens, playgrounds, shade structures etc.
- Building works, renovations, or modifications to existing structures.

| Equipment installation (equipment over \$2000 that needs to be wired in, plumbed in, built in or permanently fixed) |
|---|
| Project Title * |
| |
| Provide a name for your project/program/initiative. Your title should be short but descriptive |
| Total grant amount requested * |
| \$ |
| Must be a dollar amount and no more than 10000. What is the total financial support you are requesting in this application? |
| Provide a short summary of your project * |
| |
| Word count: |
| Must be at least 25 words. Po descriptive, but suscinct, include a brief summary of who this project is for (i.e. beneficiaries). |
| Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your |
| activities (outcomes) |
| What are the planned works? * |
| |
| |
| Word count: |
| Must be at least 25 words. |
| Provide deatils of the works to be completed. |
| Why are the works needed? * |
| |
| |
| Word count: |
| Must be at least 25 words. |
| What is the community need, issue or opportunity that the project is responding to? Who has been consulted to identify the need? Who are the intended beneficiaries/participants? |
| What do you want the project to achieve? * |
| |
| |
| What will be the outcome for the facility users? |
| Does the group have the necessary capacity, experience and skills to deliver the project? * |
| |
| |
| |

How many Banyule residents will benefit from the project? *

| Must be a number. |
|--|
| Can the project be delivered by 31 August 2025? * O Yes O No |
| We encourage all applicants to consider access, equity and inclusion for all members of Banyules diverse community in the delivery of your project. This includes but is not limited to, people living with disability or chronic illness (including neurodiversity), people who identify as LGBTIQA+, Aboriginal and/or Torres Strait Islander people, people experiencing financial disadvantage (including people who are homeless or at risk of homelessness) and our multicultural and multi-faith community. |
| Please describe the measures in place to ensure your project is as accessible and inclusive as possible. * |
| |
| Is your project seeking to address barriers to participation or access for any of the above groups or any other minority groups ? Please include any details on specific strategies you would implement as part of your project. |
| Site for Capital Works project |
| Does your group * ○ own the community facility / not for profit venue ○ have tenancy in a venue owned by a not for profit with a licence/lease agreement in place ○ have tenancy in a Council owned venue with a licence/lease agreement in place |
| If the building and/or land is leased from someone other than Banyule Council, please provide a statement of support for the Capital Works Project from the building and/or land owner Attach a file: |
| We can only accept Microsoft Office files, jpegs or pdf documents |
| Do you share this facility with other users? * ○ Yes ○ No |
| If yes, please list other regular users of the facility here. |
| Please provide a statement from other facility users demonstrating their support for the project . |

Page 11 of 18

Attach a file:

| We can only accept Microsoft Office files, jpegs or pdf documents |
|--|
| Will you be partnering with any other groups to deliver this project? * ○ Yes ○ No |
| If so, provide details of any financial / inkind contributions these partners might make to the capital works project. |
| |
| If you wish to provide a letter of support from your partner for this project, please attach it here. Attach a file: |
| We can only accept Microsoft Office files, jpegs or pdf documents. Please note, general letters of support are not required, please only upload letters from project partners. |
| Project timelines |
| Start Date * |
| Must be a date and no earlier than 31/8/2024. |
| End Date * |
| Must be a date and no later than 31/8/2025. |
| Project Plan |
| Provide a project plan outlining the key actions/ tasks, resources required, the persons responsible and the timeframes for the project. |
| Applicants should ensure that the project plan is realistic, i.e. you can feasibly deliver the expected outcomes in the timeframe and have the resources to deliver according to the plan. |
| Please refer to the guidelines for a sample project plan template. |
| Upload project plan here * Attach a file: |
| We can only accept Microsoft Office files, jpegs or pdf documents |

Overall Project Budget and Council Grant Budgets

* indicates a required field

Please provide overall budget details for the project as well as expenditure details for the grant amount you are requesting from Council.

Overall Project budget

Total project cost * \$ Must be a dollar amount.

What is the total budgeted cost of the project ? This can be different to the total grant amount requested.

Overall Project Income & Expenditure

Please outline your project budget in the table below.

You will need to submit a clear, balanced budget which describes and itemises the total cost of the project.

This means that you should include all aspects of the project- those you are not seeking a council grant for as well as the project expenses you want the grant to cover.

Income column should

- include all funds and resources required to support your project.including the Council grant
- provide details of all other income for the project including from other grant programs, fundraising, donations, participant fees, in kind support etc.

Expenditure column should

- include all costs associated with the project including any goods or services required and any in kind support that is contributing to the project.
- You don't need to provide costs for individual expenses here, this will be provided in the Council Grant budget section. e.g.you can list Camping equipment \$1000 rather than 5 tents @ \$200 each

In kind support should

- be included in both the income and expenditure columns
- include things such as volunteer or staff time, donation of goods or services, use of a venue at low/no cost, contributions to promotion and marketing etc.

You may include GST in the cost of budget items where applicable.

Income and expenditure must balance.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly

Overall Project budget details

| Income | \$ Expenditure | \$ |
|--------|-------------------|----|
| | \$ | \$ |

| \$ | \$ |
|----|----|
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |

Overall Project budget totals

| Total Income Amount | Total Expenditure Amount | Income - Expenditure | | |
|-----------------------|--------------------------|-----------------------|--|--|
| \$ | \$ | \$ | | |
| This number/amount is | This number/amount is | This number/amount is | | |
| calculated. | calculated. | calculated. | | |

Council Grant Budget

When preparing a budget for the requested grant, please consider the following important components:

- Due to limited funding, applicants may only receive part funding. Therefore it is important to ensure that your budget is as detailed as possible
- Ensure you provide details for each item of equipment or expense you wish to pay for with the grant.
- Please specify number of items and cost per item in the expenditure column. e.g. 2 desks @ \$175.00 each.
- Please specify total for each "type" of expense in the total column e.g. \$350.
- Do not write "refer to quote"- we require you to enter the details in the budget.

You may include GST in the cost of budget items where applicable.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly

Grant requested\$ Must be a dollar amount.

Council Grant allocation

| Expenditure | \$ |
|-------------|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Budget Total

| Total Expenditure Amount | | | |
|--|--|--|--|
| This number/amount is calculated. | | | |
| Quotes | | | |
| Please note: | | | |
| Capital works projects proposed for council permit is required, must be carried out by a caccess building requirements. In this case, que registered builder. | commercial builder in line with public | | |
| Evidence of the cost of budget items is required to on paying for with the Council grant requires a quantum council grant requires a | | | |
| Quotes need to be provided for anything you are staffing. | buying in from external sources, including | | |
| A minimum of one quote is required for each com | nponent of the project. | | |
| Quotes should be provided by reputable suppliers and must include the business name and a description of the item. These can be in the form of • formal written quotes • scanned images or screen shots from online stores/catalogues. | | | |
| Quotes should be no more than 6 months old. | | | |
| Estimates of cost can be submitted for resources group, including staffing and other aspects of the possible. | <u> </u> | | |
| Please attach 1 quote or estimate of expense Attach a file: | se for each aspect of the project. * | | |
| We can only accept Microsoft Office files, jpegs or pdf | documents | | |
| Grants from other sources | | | |
| Have you applied to other grant programs f project? * | for funding for other parts of the | | |
| | No | | |
| If so, is this project dependent on the succe ○ Yes | ess of the other funding application/s? | | |
| Have you applied to other grant programs f expenses? * | for funding for the same project | | |
| | | | |
| If yes, who did you apply to, how much did | you apply for, and when is the | | |

outcome of your application expected?

| Part funding | | | | |
|---|----------------------|--------|--|--|
| If Council can only provide part funding ○ Yes | can the project prod | eed? * | | |
| If yes, provide details here - what is the minimum grant amount required and what would you purchase with the reduced grant amount? | | | | |
| | | | | |

Declaration and Privacy Statement

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (which may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of offer.

I certify that the application has been submitted with the full knowledge and agreement of the management of my organisation/group and if appropriate, with the full knowledge and agreement of our auspice for this grant application.

I understand that the collection and handling of personal information will be conducted in accordance with Banyule City Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. The information is being collected and used to enable panel members to assess and allocate grant funds and to contact you in relation to your submission. This is done in accordance with Council's powers, functions and purposes under the Local Government Act 2020 and other relevant legislation.

I understand that Council makes certain information publicly available in accordance with legislation and the Banyule Public Transparency Policy and that a listing of donations and grants including the names or persons or bodies that have received grants are made publicly available. (This information is available on Councils website. Individual names are not published on Council's website, this information is only available at Council offices)

Should you need to change or access your personal details, please contact us on 9490 4222 or via enquiries@banyule.vic.gov.au

Banyule City Council will be contacted immediately if any information provided in this application changes or is found to be incorrect.

I have read the 2024 - 2025 Community Grant Guidelines and have complied with the grant requirements. $\mbox{\ensuremath{^{\ast}}}$

| ○ Yes | | | | |
|-----------------------------|--|-----------------------|--|---|
| I have a | ttached all docui | ments as requir | ed and complied wit | h eligibility criteria * |
| Name of Title | authorised pers First Name | on * Last Name | | |
| Must be a | senior staff member | , board member or | appropriately authorised | volunteer |
| Position | * | | | |
| Position he | eld in applicant organ | nisation (e.g. CEO, 1 | reasurer) | |
| Contact | phone number * | | | |
| | n Australian phone n ontact you to verify t | | is authorised by the app | licant organisation |
| Email * | | | | |
| I am aut to comp | | tion and have re | and/or the auspice fo ead and understood | or this application, the declaration and |
| Date of | declaration. * | | | |
| Must be a | date. | | | |
| □ Banyı Network Other | | | e Banyule Communit e Banner 🗆 Local me | ty Grants program * dia □ Social media □ |
| | | | a email about other rant providers? * | funding opportunities |
| | | | ion, please provide nding opportunities. | the email address to |
| Must be a | n email address. | | | |

| 2024 - | 2025 | Banyule | Community | Grants - | Minor | Capital | Works |
|-----------|------|---------|-----------|----------|-------|---------|-------|
| Form Prev | view | | | | | | |